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This service distributes news and information to
Sailors and Marines, their families, civilian employees,
and retired Navy and Marine Corps families. Further
dissemination of this e-mail is encouraged.

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MN970XXX. DT1(SW) Teamer Named Shore Sailor of the Year
Washington, DC - DT1(SW) Hazelann Kathleen Teamer has
been selected as the Chief of Naval Operations' 1997 Shore
Sailor of the Year (SOY).

Teamer is stationed at National Naval Dental Center,
Bethesda, MD, where she serves as the section chief of the
comprehensive dentistry department at the Naval Dental
School. She supervises 18 enlisted personnel and provides
support for 20 staff and resident dental officers.

"I know Petty Officer Teamer, as Shore Sailor of the
Year, will be a wonderful ambassador for the Navy and Navy
Medicine," said Navy Surgeon General VADM Harold Koenig, MC.
"Some of the best Sailors in the Navy are in Navy Medicine.
I think Petty Officer Teamer's selection demonstrates this.
Our dental technicians and corpsmen are the cornerstones of
Navy Medicine. I'm very pleased that Petty Officer Teamer
is getting this much-deserved recognition."

In April, Teamer was named the Vice Chief of Naval
Operations' Shore Activities Sailor of the Year.

Teamer was selected from a group of candidates that

included another dental technician, DT1(SW/AW) Anthony Cal, Pacific Fleet Shore Sailor of the Year. It's the first time Sailors from the dental technician rating have reached this far in the SOY competitions.

"I'm unbelievably proud of Petty Officer Teamer," said HMCM Michael Stewart, the Navy Medical Department's Force Master Chief. "I know all of Navy Medicine joins me in congratulating her."

Teamer will be advanced to DTC during the Sailor of the Year recognition week in July and will serve a two-year tour of duty as a special assistant to the Master Chief Petty Officer of the Navy.

By JOC Cleve Hardman, Office of the Master Chief Petty Officer of the Navy

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MN970207. GW's Medical Department Saves Shipmate

On board USS GEORGE WASHINGTON - The evening of May 14 was a fairly traumatic one for USS GEORGE WASHINGTON's (GW) (CVN 73) Medical Department as well as for one GW Sailor.

The Sailor was exercising when he developed severe chest pains. He immediately went to medical where they connected him to a heart monitor.

"He had typical cardiac, heart and chest pain," said LCDR Fred Southern, GW's surgeon. The monitor confirmed the suspicions that the patient, a non-smoker with no history of heart disease, was having a heart attack.

Doctors were about to administer Eminase, a drug that dissolves blood clots, but before they could inject it, the patient went into cardiac arrest.

Corpsmen started cardiopulmonary resuscitation and CDR Dean Bailey, MC, GW's senior medical officer, injected the Eminase and then immediately prepared the defibrillator. Doctors had to shock the patient twice before his heart started again.

Within 20 minutes of the treatment, the patient gradually regained consciousness and was resting comfortably with normal vital signs in GW's three-bed intensive care unit.

"It's always a good feeling to help save a life," said HM2 Steve Revier. "You don't even think in a situation like this, you just act."

"The whole medical team did a great job in pulling this save off," said Bailey.

According to Southern, if this had happened at home, the patient probably would have died.

"Having a medical department here is like having an emergency room in your basement," said Southern.

"There are few places, if any," said Bailey, "where a patient can get lifesaving medical care like this more rapidly than on an aircraft carrier at sea."

The patient is now home on convalescent leave.

By JOSN Alex Carfrae, USS GEORGE WASHINGTON

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MN970208. Big "E" Holds Springfest '97 Health Fair

USS ENTERPRISE - How do you help Sailors stay "ready"? If you're the crew of USS ENTERPRISE (CVN-65), you hold Springfest '97, a health fair for Sailors and Marines to show them how to maintain a healthy lifestyle to improve readiness.

"Health promotion and intervention is the key and is essential to unit readiness," said LT Patrick Grover, MC, the ship's general medical officer (GMO).

The fair had booths that reiterated many of the need-to-know facts about nutrition, blood diseases, heart disease, and boating and automobile safety.

The fair also provided demonstrations to bring home the point. An especially effective demonstration, the "Convincer," dramatized the importance of wearing a safety belt. Traveling at five to eight miles per hour while strapped in a person could feel the impact of a low speed crash.

"It's properly named," said HM3 Eric Howard as he emerged from the jolting ride. "I wasn't a big fan of seatbelts before, but now I appreciate the benefit of wearing them."

The lessons of good health and safety were not limited to the military. Family members were also invited to attend and participate. They had the opportunity to ask questions regarding health and dental care from representatives of TRICARE and United Concordia, which manages the TRICARE Active Duty Family Member Dental Plan.

The collaborated effort of the medical, dental and safety departments from USS ENTERPRISE, as well as military and civilian organizations from the local community helped make Springfest '97 a far-reaching success.

"It goes to show there is a genuine concern out there for preventing health-related problems, rather than addressing the issue when it's too late. We're already looking forward to our next fair," said LCDR John Lyons, NC, from the medical department.

By Kimberly Allen, Bureau of Medicine and Surgery

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MN970209. Jacksonville Opens Wellness Center

Jacksonville, FL - Keeping sailors healthy just became easier in Jacksonville with the recent opening of a state-of-the-art Wellness Center at Naval Air Station (NAS) Jacksonville.

The new facility at NAS Jacksonville will feature computerized health fitness assessments and research-based programs on smoking cessation, cholesterol reduction, weight management, and blood pressure reduction.

Video teleconferencing (VTC) equipment is being installed to broadcast fitness programs to area bases and VTC-capable Navy ships at sea. An exercise physiologist has recently been added to the Center's staff to help tailor

exercise to an individual's total fitness regimen.

The Navy's Wellness Programs in Jacksonville have been singled out for recognition and Navy-wide awards many times in the past. Recently NAS Jacksonville won the Wellness Council of America's Gold Well Work Place Award and was instrumental in the City of Jacksonville being awarded the Council's Well City Award in 1996.

By Bob Hines, NH Jacksonville, FL

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MN970210. Ambulatory Infusion Center A Customer-Pleaser

San Diego - Naval Medical Center (NMC) San Diego recently opened a Ambulatory Infusion Center (AIC), a "customer-friendly" service that will also save money.

The center is a clinic that provides a variety of intravenous treatments on an outpatient basis. Some of the services the AIC provides include chemotherapy, IV antibiotic treatment, blood transfusion, and intravenous hydration.

"Our patients really like this service, especially those patients who need to have PICC lines put in," said AIC Division Officer, LCDR Jody Blonien, NC

A PICC line is a peripherally inserted central catheter implanted just above or below the elbow for longer-term intravenous (IV) use.

"In the past, patients always complained about the need to be admitted to the hospital for PICC line insertion," Blonien explained. "So the AIC is really a customer satisfier. They can get their PICC lines on an outpatient basis and avoid an inpatient hospitalization."

According to Blonien, in addition to satisfying customers, the AIC saves the hospital money. In the first quarter of FY97, more than a quarter of a million dollars was saved in in-patient costs.

By Pat Kelly, NMC San Diego

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MN970211. Gulf Vets's Children Don't Have More Birth Defects

According to a recent study released by a group of civilian and military researchers, children of veterans of the Gulf War don't suffer birth defects at any different rate than veterans who didn't serve in the war.

"This study provides strong scientific evidence that the children of Gulf War veterans are not more likely to suffer birth defects. It is important that concerned Gulf War veterans understand that we find no evidence that they are more likely than a non-deployed Gulf-era military service member to have a child born with birth defects. Our work suggests service in the Gulf War should not affect family planning or a veteran's decision on childbearing. We hope health care providers who treat veterans and their families will share these findings with their patients," said study leader Dr. David Cowan, Ph.D., a research epidemiologist with SRA Technologies, Inc.

The medical records of 30,151 children born to male Gulf War veterans were compared to 32,638 born to male non-deployed veterans; and those of 3,847 children of female Gulf War veterans were compared to 8,825 children of female non-deployed veterans. All the children were born at military treatment facilities.

Overall, the comparisons for both men and women Gulf War veterans showed that relative risks for severe defects for children were not any different.

"The work we see published today is another piece of the puzzle that will provide us with basic research answers that will hopefully help us better understand what is happening to our Gulf War veterans. This basic research is one study in a catalogue of about 90 studies that the Federal government is conducting to examine key questions that have been raised," said CDR Greg Gray, MC, at the Naval Health Research Center in San Diego, CA, a co-researcher of the study.

The researchers also found there was no reduction in fertility among Gulf War vets and the number of boy babies compared to girl babies did not vary between the study groups.

The results of the study are published in this month's New England Journal of Medicine.

Researchers at Walter Reed Army Institute of Research and the University of California at San Diego also participated in the study.

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MN970212. Navy Unit Gets World Health Organization Recognition

Jakarta, Indonesia - Naval Medical Research Unit Number 2 (NAMRU-2), an infectious disease research laboratory located in Jakarta, Indonesia, has been designated by the World Health Organization (WHO) as a regional collaborating center for new, emerging and re-emerging diseases in Southeast Asia.

"By designating us as a collaborating center, WHO recognizes NAMRU-2 as the premier infectious diseases research laboratory in Southeast Asia, and recognizes our leadership in infectious diseases research," said CAPT Henrik V. Petersen, MSC, NAMRU-2's officer in charge.

This means NAMRU-2 will become a clearing house for infectious diseases information in Southeast Asia, providing reference laboratory services and training for colleagues from other nations. It will also assist in disease outbreak investigations in the region.

NAMRU-2's main mission is to provide preventive medicine guidance to operational commanders and to perform research on infectious diseases rampant in the region. NAMRU-2's current research efforts focus on malaria, cholera, typhoid fever, HIV, dengue fever, severe diarrhea, viral hepatitis, and Japanese encephalitis, any of which can seriously impact the readiness of deployed Sailors, Marines

and soldiers if they become infected.

"In addition to the support we provide to the operational commanders we are also privileged by being able to contribute to the improvement of public health throughout the region. We work directly with our colleagues in the various ministries of health on problems of particular concern to them by training medical personnel and by sharing our research findings," said Petersen.

By Doris Ryan, Naval Research and Development Command,
Bethesda, MD

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MN970213. Portsmouth Kids Get Chance to Operate

Portsmouth, VA - In a new twist on an old theme, instead of "Take Your Daughter to Work Day," the staff at surgical services at Naval Medical Center (NMC) Portsmouth's recently sponsored a "Take Your Children to the Operating Room Day."

More than 30 children, ages 3 to 14, visited one of Portsmouth's operating rooms to see where their parents worked and helped perform "stomach" surgery on a mannequin.

The children scrubbed in and donned the traditional surgical dress required of a sterile operating room, including gloves and hats. During the "operation," they learned to use sponges, clamps, suction, and hemostats.

They also observed the inside of the "stomach" - a grapefruit - using a video laparoscope. Some children even had the chance to learn suture techniques and practice them on the mock stomach.

"The kids seemed to really enjoy looking at all the instruments and seeing how they worked," said LCDR Maureen Puglisi, NC, main operating room division nurse. "They especially enjoyed seeing where their parents worked. My own daughter talked about the experience for days!"

The event was so successful the staff plans to make it an annual event, as long as the grapefruits hold out.

By LT Lisa L. Brackenbury, NMC Portsmouth, VA

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MN970214. TRICARE Family Member Dental Rate To Increase

The monthly premium for the TRICARE Active-Duty Family Member Dental Plan will increase on Aug. 1, 1997.

The rate for a single enrollment will go up from the present \$7.19 per month to \$7.64. A family enrollment that now costs \$17.97 per month will be \$19.09.

Active duty service members will see the premium increase reflected in their July 1997 Leave and Earnings Statements. Families who are signed up for the plan by their military sponsors on or after July 1, 1997, will be enrolled at the new rate.

The scheduled premium increases were proposed by the present contract, United Concordia Companies, Inc., in their initial bid for the contracts, to cover expected increases in program costs. The increases were accepted by the

government. The new premium amounts are still less than those that went into effect in April 1993, when the dental plan's benefits were expanded.

The monthly premium that active duty members have deducted from their paychecks represents 40 percent of the total premium cost for the plan. The rest is picked up by the government.

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MN970215. BUMED Has New Information Desk Fax Line

Washington, DC - The Bureau of Medicine and Surgery (BUMED) has installed a new central fax telephone line at its information desk, located in Building 5 on the BUMED compound.

The new number is (202) 762-3217, DSN 762-3217.

The information desk is manned Monday through Friday, 6 a.m. to 6 p.m., excluding Federal holidays.

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MN970216. TRICARE Question and Answer

Question: My son needs treatment for alcohol abuse. I've enrolled him in TRICARE Prime. Is substance abuse recovery and mental health treatment covered under Prime?

Answer: Substance abuse and mental health treatments are covered under TRICARE Prime, with a minimal copayment. The cost for outpatient visits is \$10 for E-4 and below and \$20 for E-5 and above.

Retirees will pay \$25 per visit. The copayments are reduced for group therapy visits.

For inpatient care, the costs are \$20 per day for all active duty family members, and \$40 per day for retirees.

Remember, when enrolled in TRICARE Prime, it is always necessary to first consult your Primary Care Manager (PCM) for specialty care. If you need to see a specialist your PCM will help make an appointment for you.

Additional information on TRICARE is available on the Department of Defense (Health Affairs) Homepage on the World-Wide Web at www.ha.osd.mil.

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MN970217. Healthwatch: Protect Your Home From Carbon Monoxide

Smoke detectors can alert people about fire in their homes. But there's another killer that can invade your home that can be just as deadly, yet few people protect themselves against it.

"Anyone who uses fossil fuel to heat their house - that is, natural gas, oil, kerosene, or wood - it's in their best interest to have a carbon monoxide detector," said LCDR Gary Thomas, MSC, industrial hygiene officer at the Naval Safety Center in Norfolk, VA.

Carbon monoxide (CO), a colorless, odorless and tasteless gas, can kill you before you even realize it's inside your home. When CO is inhaled, it is immediately

attracted to the hemoglobin in red blood cells. While in the bloodstream, it displaces the oxygen cells need to function. If enough CO is inhaled, you can essentially suffocate from the inside out since the blood carries less and less oxygen throughout the body.

CO is a by-product from the incomplete combustion of gas, oil, kerosene, or wood. Gas appliances, including heaters, dryers or stoves, will normally produce very little CO while kerosene and oil heaters will produce higher concentrations.

Determining if you are being poisoned may be difficult. Known as the "The Great Imitator," CO poisoning symptoms resemble common illnesses, such as the flu. Low level poisoning symptoms include headaches, fatigue, nausea, dizzy spells, and confusion. Exposure to a high concentration of CO can be fatal in a matter of minutes.

If you suspect that you are suffering with CO poisoning, have your doctor give you a carboxyhemoglobin test. This test can determine the amount of CO currently in your body. Poisoning can be reversed if caught in time. But even if you recover, acute poisoning may result in permanent damage to the parts of your body that require a lot of oxygen, such as the heart and brain.

To prevent CO from becoming an unwanted guest in your home, use a carbon monoxide detector. Place detectors near sleeping areas and within fifteen feet of heating or cooking appliances. The standard detector requires the alarm to sound before an average healthy adult begins to experience any symptoms. If the detector goes off, leave the house immediately and call the fire department from a neighbor's phone. Do not re-enter your home until the fire department tells you it's safe to do so. And make sure the fire official determines the carbon monoxide source and have it repaired as soon as possible.

By Kimberly Allen, Bureau of Medicine and Surgery

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Feedback and comments are welcome. Story submissions are encouraged. Contact Jan Davis, MEDNEWS editor, at e-mail mednews@bms200.med.navy.mil, telephone 202/762-3223 (DSN 762-3223), or fax 202/762-3224.